

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91841 047 ***150.00

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DOCUMENT # L72440

1. Entity Name
WEB AWAY, INC.



Principal Place of Business
**10165 NORTHWEST 8TH LANE
OCALA FL 34482
US**

Mailing Address
**10165 NORTHWEST 8TH LANE
OCALA FL 34482
US**



2. Principal Place of Business
955 NW 117 CT
Suite, Apt. #, etc.

3. Mailing Address
955 NW 117 CT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ocala Fl
Zip
34482
Country
USA

City & State
Ocala Fl
Zip
34482
Country
USA

4. FEI Number **59-3009520**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PLUMMER, SONJA A SEC
10165 NORTHWEST 8TH LANE
OCALA FL 34482**

7. Name and Address of New Registered Agent
Name
Senja A Plummer
Street Address (P.O. Box Number is Not Acceptable)
955 NW 117 CT
City
Ocala FL Zip Code
34482

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Senja A Plummer**
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/23/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** Delete
NAME **PLUMMER, SONJA**
STREET ADDRESS **10165 NW 8TH LANE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **P/3/T/D** Change Addition
NAME **Senja Plummer**
STREET ADDRESS **955 NW 117 CT**
CITY-ST-ZIP **Ocala Fl 34482**

TITLE **VD** Delete
NAME **BARTH, CHARLIE**
STREET ADDRESS **1166 S.E. 44TH AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **ROSE, LINDA A**
STREET ADDRESS **39 FENWICK COURT**
CITY-ST-ZIP **GRAYSON GA 30221**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MARCUM, JOHN S**
STREET ADDRESS **5014 GUNN HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **EUBANKS, RICHARD**
STREET ADDRESS **1917 N.E. 9TH STREET**
CITY-ST-ZIP **OCALA FL 34470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Senja A Plummer** **Senja A Plummer** **4/23/03** **800 562 3415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)